



## Developing an Epilepsy Care Plan

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## DEVELOPING AN EPILEPSY CARE PLAN

### FINAL REPORT

#### Background

The NICE guideline on the diagnosis and management of the epilepsies in adults and children in primary and secondary care (2004) states that:

***“All individuals with epilepsy should have a comprehensive care plan that is a greed between the individuals, their family and/or carers a s appropriate, and primary and secondary care providers.”***

A care plan is a defined process often recorded in a single document, which is based on an assessment of an individual's care needs based on evidence and risk assessment. It states the health care and other interventions to be undertaken, the health outcomes to be achieved and the review of care which will occur at regular intervals. Following the NICE guideline which includes “outline care algorithms” for adults and children, many service providers have drafted different approaches to epilepsy care planning, with different emphasis upon pharmaceutical intervention, patient centred focus, multi-professional input, services available locally, etc. Because of this diversity, it was decided to carry out a project to identify best practice in epilepsy care planning.

#### Methods

A mixed-methods study was carried out by a team from the University of Ulster School of Nursing with support of Epilepsy Action aimed to develop a patient-centred care plan that will improve health care services for people with epilepsy by reviewing relevant research and policy, providing an important conduit for the views of all stakeholders and in particular, the voice of the patient.

This aim was achieved through the following objectives:

- To discover the information and care-planning needs of people with epilepsy, their family carers
- To discover the information and care-planning needs of healthcare professionals who provide care to them
- To develop a generic outline for an epilepsy care plan to improve patient care and add value to professional practice.

The 12-month project commenced in April 2009 and covered: steering group meetings, project planning, literature review and document capture, ethical approval, pilot study, recruitment of participants, transcription of data, online drafting to reach consensus amongst experts, engagement with stakeholders, analysis and final drafting.

### **Stage 1**

A literature review on the development of care plans in epilepsy was completed and eight existing epilepsy care plans from the UK, the USA and Australia were reviewed. In order to discover more about people's views on care planning needs it was a series of semi-structured interview and focus groups were carried out with 20 individuals with epilepsy, 10 family carers and 7 epilepsy health care professionals (2 GPs, 4 Epilepsy nurses and 1 neurologist).

On the basis of the review of existing care plans and information gathered in the interviews and focus groups a series of key themes were identified and a first draft care-plan, extensively covering all of these areas was constructed using an online questionnaire method. This was reviewed at a meeting of the Epilepsy Action and University of Ulster team on 1<sup>st</sup> December 2009.

## **Stage 2**

At this meeting it was agreed to remove various numerical questions: for example if prescribed medicines are included, it was agreed that the number of medicines would not be set or limited by the care plan. It was also decided that detailed medical information, which would normally be itemised in medical records would not be necessary in the care plan. Accordingly we excluded: previous medication; investigations; blood tests; drug investigations; epilepsy surgery and other seizure treatments and therapies.

The second draft of the care plan was then put online on the internet for consultation and comment.

## **Stage 3**

A total of 40 responses to the online care plan were received 8 from people with epilepsy and 32 from epilepsy professionals. The importance of each of the themes was rated and additional comments from respondents the relevance of these were collated.

Work then concentrated upon refinement of the online survey to agree the content of the care plan and the third version is presented here.

Dissemination of the development of this care-plan through appropriate channels is underway. Trials of implementation will be required to show its effectiveness.

## **Epilepsy Action - Care Plan**

The care plan is a patient-held document, intended to serve as a flexible means of engagement for people with epilepsy and their carers. Taking on board the tension between having a short and user-friendly document with essential information “upfront” and a holistic approach to disease management which incorporating wider information needs the plan is in two parts. It includes essential information in the first three pages and goes on to include wider information on health and lifestyle for potential areas for further exploration. Through enhanced engagement, people with epilepsy and their carers may be empowered and take control of their situation.

The final version comprises:

- Personal details and emergency contacts
- A medication record
- A record of seizure triggers
- Optional pages for women with epilepsy
- Lifestyle, driving, employment, alcohol, sleep, stress, travel
- Annual seizure chart for 2010
- List of useful leaflets for further information

The care plan is a compromise between universal application and individual need: further refinement is possible through a process of implementation and evaluation. Implementation will require some regional editing to show local services and some individual tailoring (e.g. gender and age specific material may be included or left out depending on the needs of the individual). There is potential for the care plan to be connected to the EMIS and other systems used by General Practitioners so that it is easily downloaded and other pages can be downloaded to accommodate patients’ changing needs and keep the document “live”.

The plan also aims to encourage individuals with epilepsy to keep record of their own questions and queries about their condition and to seek out further information for themselves. The 'Expert Patient' initiative (Department of Health 2000) acknowledges that people with chronic diseases are themselves best placed to understand its unique course in their case and particular impact on their daily lives. Thus, a user-led self-management programme, which goes way beyond health education initiatives to combine the patient's knowledge and skills with professional resources, is seen as the way forward for the management of chronic disease in the community.

### **Contribution**

The University of Ulster- Epilepsy Action Care plan recognises the unique contribution of people with epilepsy and their carers to their own care. Through a combination of personal medical history, links with other sources and record-keeping it has the potential to understand the condition and its treatment, and increase the chances that discrete problems may be addressed.

Quote from Liz, a young woman with epilepsy

*"There's a total fear, this is something people need to be educated in."*

29 March 2010



# EPILEPSY CARE PLAN

The aim of this care plan is to improve health and health care for you. It can be filled-in by you and anyone else who can make a contribution to your epilepsy care such as your doctors, nurses, therapists and carers.

This care plan is in two parts. Essential information about you and your epilepsy is on the first three pages and the rest of the plan includes details about keeping a healthy lifestyle.

This plan includes general information for everyone with epilepsy, and some space for specific information about you. There are links to other sources of help including Epilepsy Action leaflets which you may want to include with your care plan if you feel a particular factsheet is especially relevant to you.

Please keep this care plan in a safe place and update it regularly.

**NAME:**

**DATE OF BIRTH:**

**ADDRESS:**

**TELEPHONE  
NUMBER:**

**NAME AND CONTACT DETAILS OF FAMILY MEMBER(S) OR  
CARER(S) TO CALL IN CASE OF AN EMERGENCY:**

**GP PRACTICE:**

**ADDRESS:**

**TELEPHONE  
NUMBER:**

**CONSULTANT  
NEUROLOGIST:**

**TELEPHONE  
NUMBER:**

**EPILEPSY NURSE  
SPECIALIST:**

**TELEPHONE  
NUMBER:**

**OTHER PROFESSIONALS INVOLVED IN MY CARE:**

**NAME & JOB:**

**TELEPHONE  
NUMBER:**

**NAME & JOB:**

**TELEPHONE  
NUMBER:**



**TYPE OF SEIZURES:**

**DATE DIAGNOSIS  
CONFIRMED:**

**IF I HAVE A SEIZURE, I WOULD LIKE PEOPLE TO HELP BY DOING  
THE FOLLOWING THINGS:**

**EPILEPSY MEDICATION**

Name of Drug	Dose & frequency	Date		Reason for taking	Side effects experienced
		Start	Stop		

If you forget to take your medicine at any time, take the missed dose as soon as you remember, unless it is within two hours of your next scheduled dose. Do not take two doses at a time to make up for a missed dose.

### MEDICATION TAKEN FOR OTHER HEALTH ISSUES

Name of Drug	Dose & frequency	Date		Reason for taking	Side effects experienced
		Start	Stop		

There can be interactions between your epilepsy medicine and other tablets you may take, so, if you are not sure, check with a pharmacist before taking any other medicine, even the kind of herbal or complementary medicines which can be bought over the counter without a prescription.

### EPILEPSY TRIGGERS

Epilepsy affects each person differently: some people have 'seizure triggers' - something which can make you more likely to have a seizure. Some common seizure triggers are late-nights, stress, flashing lights, illness or injury.

The following things can trigger my seizures...

### WOMEN AND EPILEPSY:

If you are a woman with epilepsy it is important to understand how having epilepsy and taking anti-epileptic drugs may have an effect on your body and influence the decisions you make at different stages of your life. For example, having epilepsy may affect your periods, choice of contraception, pregnancies and, later in life, your choices about HRT (hormone replacement therapy).

Epilepsy Action have a leaflet which provides information especially for women which you can printout out from the internet.

<http://www.epilepsy.org.uk/download/file/151>

### PLANNING FOR PREGNANCY:

Wherever possible, it is advisable for every pregnancy to be planned, because for women with epilepsy there is a slightly higher risk of complications than in women who don't have epilepsy. However, with forward planning, these risks may be minimised

An information leaflet discussing your contraceptive choices is available online. <http://www.epilepsy.org.uk/download/file/221>

**Record your current contraception method here. Is there anything you want to discuss with your health care provider about this?**

If you are considering having a baby, it is a good idea to seek advice, known as pre-conception counselling, before you get pregnant. Most women with epilepsy have perfectly healthy babies although some forms of epilepsy can run in families and may sometimes be passed from parent to child. Pre-conception counselling provides an opportunity to discuss this with a health professional with an interest in epilepsy, usually an epilepsy specialist or epilepsy specialist nurse.

During pre-conception counselling, you will be able to discuss how your epilepsy may affect your pregnancy. Most women with epilepsy have healthy pregnancies and give birth to healthy babies. However, there are some risks related to taking anti-epileptic drugs in pregnancy so it is best if pregnancy is planned and discussed with your healthcare providers in advance.

More information on epilepsy and inheritance is available from Epilepsy Action <http://www.epilepsy.org.uk/print/book/export/html/1310>

**Is there anything you want to discuss with your health care provider about epilepsy and pre-conception counselling?**

**HAVING A SUCCESSFUL PREGNANCY:**

Date of Positive Pregnancy Test	
Date of last period	
Estimated due date	

If you become pregnant before you have had any pre-conception counselling, it is important to continue taking your anti-epileptic drugs as usual until you have had an opportunity to talk to your epilepsy specialist doctor or nurse. If you stop taking your epilepsy medication, it could cause you to have an increase in seizures, or your seizures may become more severe, which may cause more problems for you and your unborn baby than any risks associated with the drugs themselves.

Epilepsy Action also have a leaflet which provides information on pregnancy  
<http://www.epilepsy.org.uk/download/file/633>

When baby is born Epilepsy Action also have a number of leaflets about parenting on their website.

Epilepsy and caring for children: 10 quick tips  
<http://www.epilepsy.org.uk/download/file/578>

Epilepsy and caring for children: a comprehensive guide  
<http://www.epilepsy.org.uk/download/file/579>

Me and my mum: a story to help parents explain their epilepsy  
<http://www.epilepsy.org.uk/download/file/602>

**Is there anything you want to discuss with your health care provider about being a parent?**



## EPILEPSY AND THE MENOPAUSE

The menopause, also called the change of life, is defined as the end of your last menstrual period. Every woman goes through the menopause. The menopause happens when your ovaries stop releasing eggs. This means that your fertility comes to an end. There is also a drop in the levels of oestrogen and progesterone in your body (the two female sex hormones produced by the ovaries). The menopause usually begins between 47 and 52 years of age, but can begin outside this age range. It occurs at an average age of about 50.

The most common and easy to recognise symptoms of the menopause are hot flushes and sudden sweats. Other symptoms may include night sweats, insomnia, headaches, poor concentration and general irritability. There is very little research specifically looking at women with epilepsy and the menopause however Epilepsy Action do provide an information leaflet:

Epilepsy and the Menopause

<http://www.epilepsy.org.uk/download/file/587>

**Is there anything you want to discuss with your health care provider about epilepsy and the menopause?**

## Osteoporosis and osteomalacia

Osteoporosis (brittle bone disease) and osteomalacia (softening of the bones) are possible side effects of some anti-epileptic drugs. A bone density scan is advisable for people who have been taking the above anti-epileptic drugs, long term, especially in people that are already at risk. Examples of people at greater risk are women going through the menopause and both men and women in later life. If you are concerned that you could be at risk of developing osteoporosis, you may wish to discuss it with your GP,

More information on osteoporosis and osteomalacia is available from Epilepsy Action <http://www.epilepsy.org.uk/download/file/584>



## **EPILEPSY AND YOUR LIFESTYLE**

### **Driving and Epilepsy**

Rules about driving are complex. You must inform the relevant agency (the DVLA or the DVLNI) if you have seizures. Epilepsy Action provide an information leaflet about driving for people with epilepsy in the UK. It covers the rules for holding a driving licence and explains how the agencies that issue driving licences work. It also tells you about help with transport costs that may be available, if you can't drive because of your epilepsy.

The leaflet is available on the internet.

<http://www.epilepsy.org.uk/download/file/624>

**Is there anything you want to discuss with your health care provider about epilepsy and driving?**

## EPILEPSY AND EMPLOYMENT

People with epilepsy, or a history of epilepsy, are covered by the Disability Discrimination Act 1995 (DDA). The DDA is a law that makes it illegal to discriminate against disabled people. Under the DDA, discrimination can happen when:

- a disabled person is treated less favourably than someone else; and
- the treatment is for a reason relating to the person's disability; and
- this treatment cannot be justified.

This means that employers must not treat someone with a disability less favourably than another person, unless they can justify their reasons for doing so. One reason might be to avoid risks to the person's safety. You are covered by the DDA even if your seizures are fully controlled by medication or if you have a history of epilepsy. This applies even if you no longer have seizures or take medication.

The armed forces are not currently covered by the DDA. However, all other areas of employment are covered.

Employers **must not** discriminate unfairly in job advertisements, interviews or when offering a job. For example, an employer could be discriminating if they insisted that you had a driving licence for a job that is mostly office-based. Instead, they could say you must be able to travel, which means you could use a taxi or public transport. Once you are in a job, the DDA covers work duties and opportunities for training and promotion. For example, if you had the skills needed to be promoted, and the opportunity was available, you should be considered. Your employers could not use your epilepsy as an excuse not to consider you for promotion.

Epilepsy Action have a leaflet about Epilepsy and work:

Epilepsy and work <http://www.epilepsy.org.uk/download/file/413>

**Is there anything you want to discuss with your health care provider about epilepsy and employment?**

## EPILEPSY AND SPORTS AND LEISURE

Having the opportunity to participate in sport and leisure activities is important for everyone, including people with epilepsy. Lack of understanding about epilepsy, and how it affects each person differently, can mean people with epilepsy are cautioned against taking part in some activities where this is not necessary. In fact, with qualified supervision, where appropriate, and the relevant safety precautions, there is little that you should avoid if you have epilepsy. Many people with epilepsy have their seizures completely controlled by anti-epileptic medication and do not need to take any greater safety precautions than anyone else.

Research has shown that when a person is active they are less likely to have seizures. So, for some people with epilepsy, sport can be of real benefit. A very small number of people with epilepsy find that exercise increases their likelihood of having seizures. This is usually due to over-exertion. Also, taking up exercise or sporting activities for the first time, or after a long period of inactivity, could affect your body weight and metabolism which in turn could have an effect on your seizure control.

Before taking up a new sport or leisure activity it is a good idea to speak to your doctor first, particularly if your epilepsy is uncontrolled. Things to take into account are the type, severity and frequency of your seizures, known triggers, such as stress and excitement, and whether you have any warning before a seizure. It is also important to consider whether appropriate support is likely to be available for your chosen activity.

More information about sports and leisure is available from Epilepsy Action:  
<http://www.epilepsy.org.uk/download/file/413>

**Is there anything you want to discuss with your health care provider about participating in sports and leisure activities?**

## **EPILEPSY AND ALCOHOL**

Everyone's tolerance to alcohol is individual to them. Some people can drink alcohol, with apparently few, immediate, ill effects. Other people feel drunk after a small amount. Many people with epilepsy find that they can drink one or two units of alcohol, without having more seizures than usual. The best advice is to

- Be aware of how much you are drinking;
- Take your anti-epileptic drugs as usual
- Remember that some of the sedative effects of anti-epileptic drug can be made worse by alcohol
- Remember that taking your anti-epileptic drug with alcohol can make you feel drunk sooner than if you weren't taking your anti-epileptic drug

More information is available in an Epilepsy Action leaflet:

<http://www.epilepsy.org.uk/download/file/701>

**Is there anything you want to discuss with your health care provider about epilepsy and alcohol?**

## EPILEPSY AND SLEEP

Most of us have more energy, think more clearly and react more quickly after a good night's sleep. For some people with epilepsy, sleep is especially important. This is because not sleeping for long enough, or not having enough good quality sleep, can make their seizures more likely. Epilepsy Action have a factsheet which looks at the different ways that sleep and epilepsy are linked.

Epilepsy and sleep <http://www.epilepsy.org.uk/download/file/698>

If you have any particular issues or questions about sleep, record these here:

**Is there anything you want to discuss with your health care provider about epilepsy and sleep?**



## EPILEPSY AND DEPRESSION

Depression is a common experience for many people, but it is known to occur more often in people with epilepsy. Most people feel sad from time to time. The difference between sadness and depression is not clear but, at some point, when sadness is prolonged and impairs a person's ability to enjoy life, they may be considered to be depressed. Depression can cause feelings of deep gloom and hopelessness. Other problems include difficulty in concentrating, in sleeping (either not being able to sleep or sleeping too much), decreased sexual desire and appetite disturbances such as overeating or loss of appetite.

It is important to seek help:

- If your feelings of depression are worse than usual and don't seem to get any better.
- If your feelings of depression affect your work, interests and feelings towards your family and friends.
- If you find yourself feeling that life is not worth living, or that other people would be better off without you.

It may be enough to talk things over with a relative or friend. If this doesn't help, you probably need to talk it over with your family doctor. Depending on your symptoms, the severity of the depression and the circumstances, the doctor may suggest: self-help, talking treatments or antidepressant tablets.

More information on depression is available in an Epilepsy Action leaflet:  
<http://www.epilepsy.org.uk/download/file/581>

**Is there anything you want to discuss with your health care provider about feeling depressed?**



## OTHER SOURCES OF HELP

The Association for Post Natal Depression

Helpline: 020 7386 0868 Website: <http://apni.org/>

Provides support to mothers suffering from post-natal illness. It exists to increase public awareness of the illness and to encourage research into its cause and nature.

Aware- Helping to defeat depression:

Helpline: 08451 202961 Website: <http://www.aware-ni.org/>

Provides information and support to people affected by depression in Northern Ireland.

Cruse Bereavement Care

Daytime Helpline: 0844 4779400 email [helpline@cruse.org.uk](mailto:helpline@cruse.org.uk)

Website: <http://www.crusebereavementcare.org.uk/>

Cruse exists to promote the well-being of bereaved people and to enable anyone bereaved by death to understand their grief and cope with their loss

Relate

Helpline: 0845 456 1310

Website: [www.relate.org.uk/](http://www.relate.org.uk/) email: [enquiries@relate.org.uk](mailto:enquiries@relate.org.uk)

The UK's largest and most experienced relationship counselling organisation.

The Samaritans

Helpline: 08457 90 90 90

Website: [www.samaritans.org/](http://www.samaritans.org/) email: [jo@samaritans.org](mailto:jo@samaritans.org)

The National organisation offering support to those in distress who feel suicidal or despairing and need someone to talk to.

Young Minds:

Helpline: 020 7336 8445

Website: [www.youngminds.org.uk/](http://www.youngminds.org.uk/)

A national charity committed to improving the mental health of all children and young people under 25. Special web pages for young people at <http://www.youngminds.org.uk/young-people/>

## **EPILEPSY AND STRESS**

People respond to stress in different ways and what one person sees as a stressful situation may not be so to another. Similarly, people have different stress thresholds. For example, one person may have a very stressful lifestyle but remain seizure free, while another person finds that seizures always occur when they feel under pressure. According to research, stress can cause changes in the brain which affect how the nerve cells work with each other, especially those around any damaged areas of the brain. This can increase the risk of seizures occurring. Some people can become afraid of their seizures and this can cause stress. In some cases this can become a vicious circle, with the fear causing seizures and seizures causing fear.

If stress has a role in triggering your seizures, then coping strategies may be useful. Learning how to reduce or eliminate stress can be of help. This may simply mean recognising your own particular stress factors and perhaps changing your lifestyle to reduce these. Or you may find relaxation techniques helpful. Such techniques could include exercise, complementary therapies or simply having time to yourself.

A leaflet about coping with stress is available from Epilepsy Action  
<http://www.epilepsy.org.uk/download/file/586>

**Is there anything you want to discuss with your health care provider about epilepsy and stress?**

## EPILEPSY AND TRAVEL ABROAD

Extra planning is needed if you plan to travel away from home so that risks are managed. Most travel vaccines are perfectly safe for people with epilepsy. Antimalarial medication can pose a problem and needs special care. When travelling by air, Epilepsy Action suggest that you gather your medicines and paperwork into a medical kit bag as part of your hand-luggage. There is more information in their leaflet on Epilepsy and travelling abroad which is available on the Epilepsy Action website.

Epilepsy and travel abroad <http://www.epilepsy.org.uk/download/file/588>

## CONTACT DETAILS FOR EPILEPSY ACTION

UK freephone 0808 800 5050 International +44 113 210 8850

Website: <http://www.epilepsy.org.uk/> Email: [helpline@epilepsy.org.uk](mailto:helpline@epilepsy.org.uk)

If you have a question about epilepsy, you can contact the Epilepsy Helpline by sending a text to 07797 805 390 from your mobile phone. A member of the advice and information team will aim to send a text reply back to your phone within 24 hours (on working days). You can send a text at any time, day or night. You will be charged at your usual rate for any texts you send. You will not be charged for the reply.

You can also connect with Epilepsy Action on Facebook and Twitter!

<http://www.facebook.com/epilepsyaction>

<http://twitter.com/EpilepsyAction>

2010	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T							
January					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
February	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28									
March	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31						
April				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30				
May						1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
June		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30						
July				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			
August							1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
September			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30					
October					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
November	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30							
December			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				

Use this chart to record with a ✓ the days when you have a seizure

**ADDITIONAL NOTES ABOUT SEIZURES**



## THE EPILEPSY ACTION LEAFLET LIBRARY

Epilepsy Action has a large selection of information leaflets available on its website. These are listed below. You can print off the leaflets you're interested in from the internet for free and put these into your care plan. I

Or, if you prefer, you can also buy pre-printed copies from the Epilepsy action online shop.

<http://shop.epilepsy.org.uk/>

## LIST OF LEAFLETS (IN ALPHABETICAL ORDER)

A man's guide to epilepsy <http://www.epilepsy.org.uk/download/file/634>

Aicardi syndrome <http://www.epilepsy.org.uk/download/file/556>

Angelman syndrome (AS) <http://www.epilepsy.org.uk/download/file/557>

Anti-epileptic drugs and pregnancy  
<http://www.epilepsy.org.uk/download/file/558>

Anti-epileptic medication available in the United Kingdom  
<http://www.epilepsy.org.uk/download/file/683>

Ben has an EEG <http://www.epilepsy.org.uk/download/file/560>

Ben's story about his epilepsy <http://www.epilepsy.org.uk/download/file/566>

Benign epilepsy of childhood with occipital paroxysms (BECOP)  
<http://www.epilepsy.org.uk/download/file/561>

Benign myoclonic epilepsy in infancy  
<http://www.epilepsy.org.uk/download/file/562>

Benign neonatal convulsions <http://www.epilepsy.org.uk/download/file/563>

Benign partial epilepsy in infancy <http://www.epilepsy.org.uk/download/file/564>

Benign rolandic epilepsy <http://www.epilepsy.org.uk/download/file/565>

Bus passes in England for people with epilepsy  
<http://www.epilepsy.org.uk/download/file/567>



Bus passes in Northern Ireland for people with epilepsy  
<http://www.epilepsy.org.uk/download/file/568>

Bus passes in Scotland for people with epilepsy  
<http://www.epilepsy.org.uk/download/file/569>

Childhood absence epilepsy (CAE)  
<http://www.epilepsy.org.uk/download/file/570>

Children with Difficult to Control Epilepsy  
<http://www.epilepsy.org.uk/download/file/70>

Daily living aids for people with epilepsy  
<http://www.epilepsy.org.uk/download/file/571>

Driving and epilepsy <http://www.epilepsy.org.uk/download/file/624>

Early myoclonic encephalopathy (sometimes called neonatal myoclonic encephalopathy) <http://www.epilepsy.org.uk/download/file/573>

Education <http://www.epilepsy.org.uk/download/file/573>

EEG tests and epilepsy <http://www.epilepsy.org.uk/download/file/695>

Electrical status epilepticus during slow-wave sleep (ESESS)  
<http://www.epilepsy.org.uk/download/file/574>

Emergency treatments for tonic-clonic seizures  
<http://www.epilepsy.org.uk/download/file/693>

Entitlements for people with epilepsy in England  
<http://www.epilepsy.org.uk/download/file/712>

Epilepsy and alcohol <http://www.epilepsy.org.uk/download/file/701>

Epilepsy and caring for children: 10 quick tips  
<http://www.epilepsy.org.uk/download/file/578>

Epilepsy and caring for children: a comprehensive guide  
<http://www.epilepsy.org.uk/download/file/579>

Epilepsy and children <http://www.epilepsy.org.uk/download/file/221>

Epilepsy and contraception - information for women  
<http://www.epilepsy.org.uk/download/file/221>

Epilepsy and cosmetic treatments  
<http://www.epilepsy.org.uk/download/file/700>

Epilepsy and depression <http://www.epilepsy.org.uk/download/file/581>

Epilepsy and everyone <http://www.epilepsy.org.uk/download/file/86>

Epilepsy and inheritance <http://www.epilepsy.org.uk/download/file/583>

Epilepsy and learning disabilities <http://www.epilepsy.org.uk/download/file/631>

Epilepsy and osteoporosis/osteomalacia  
<http://www.epilepsy.org.uk/download/file/584>

Epilepsy and sleep <http://www.epilepsy.org.uk/download/file/698>

Epilepsy and stress <http://www.epilepsy.org.uk/download/file/586>

Epilepsy and the Disability Discrimination Act 1995  
<http://www.epilepsy.org.uk/download/file/572>

Epilepsy and the menopause <http://www.epilepsy.org.uk/download/file/587>

Epilepsy and travel abroad <http://www.epilepsy.org.uk/download/file/588>

Epilepsy and work <http://www.epilepsy.org.uk/download/file/413>

Epilepsy facts, figures and terminology  
<http://www.epilepsy.org.uk/download/file/589>

Epilepsy information for prison staff  
<http://www.epilepsy.org.uk/download/file/439>

Epilepsy information for prisoners  
<http://www.epilepsy.org.uk/download/file/440>

Epilepsy medication packaging – warnings of suicide risk  
<http://www.epilepsy.org.uk/download/file/590>

Epilepsy with myoclonic absences  
<http://www.epilepsy.org.uk/download/file/591>

Epilepsy: diagnosis, treatment and healthcare  
<http://www.epilepsy.org.uk/download/file/88>

Epilepsy: sport and leisure <http://www.epilepsy.org.uk/download/file/632>

Epileptic seizures explained <http://www.epilepsy.org.uk/download/file/220>

Eyelid myoclonia with absences (EMA)  
<http://www.epilepsy.org.uk/download/file/592>

First aid instructions in all of French, German, Italian, Spanish, Greek and Portugese

<http://www.epilepsy.org.uk/download/file/425>

First aid instructions in French <http://www.epilepsy.org.uk/download/file/420>

First aid instructions in German <http://www.epilepsy.org.uk/download/file/424>

First aid instructions in Greek <http://www.epilepsy.org.uk/download/file/419>

First aid instructions in Italian <http://www.epilepsy.org.uk/download/file/423>

First aid instructions in Portugese

<http://www.epilepsy.org.uk/download/file/422>

First aid instructions in Spanish <http://www.epilepsy.org.uk/download/file/421>

First aid posters <http://www.epilepsy.org.uk/download/file/636>

Gelastic epilepsy <http://www.epilepsy.org.uk/download/file/593>

Generalised epilepsy with febrile seizures plus (GEFS+)

<http://www.epilepsy.org.uk/download/file/594>

Getting the same anti-epileptic drugs every time

<http://www.epilepsy.org.uk/download/file/646>

Guide to completing the disability living allowance (adults) form

<http://www.epilepsy.org.uk/download/file/638>

History of Epilepsy Action <http://www.epilepsy.org.uk/download/file/596>

Juvenile myoclonic epilepsy (JME) also known as Janz syndrome

<http://www.epilepsy.org.uk/download/file/597>

Landau-Kleffner Syndrome <http://www.epilepsy.org.uk/download/file/598>

Lennox-Gastaut Syndrome <http://www.epilepsy.org.uk/download/file/599>

Me and my dad: a story to help parents explain their epilepsy

<http://www.epilepsy.org.uk/download/file/599>

Me and my mum: a story to help parents explain their epilepsy

<http://www.epilepsy.org.uk/download/file/602>

Memory and epilepsy <http://www.epilepsy.org.uk/download/file/177>

Migrating partial epilepsy in infancy

<http://www.epilepsy.org.uk/download/file/603>



Mothers in mind <http://www.epilepsy.org.uk/download/file/633>

Mothers in mind - Health visitors pack  
<http://www.epilepsy.org.uk/download/file/408>

Mothers in mind - Obstetric pack  
<http://www.epilepsy.org.uk/download/file/407>

Myoclonic astatic epilepsy (Doose syndrome)  
<http://www.epilepsy.org.uk/download/file/604>

New to Epilepsy (Bengali) <http://www.epilepsy.org.uk/download/file/112>

New to Epilepsy (Cantonese) <http://www.epilepsy.org.uk/download/file/113>

New to Epilepsy (French) <http://www.epilepsy.org.uk/download/file/114>

New to Epilepsy (Gujarati) <http://www.epilepsy.org.uk/download/file/115>

New to Epilepsy (Kurdish) <http://www.epilepsy.org.uk/download/file/116>

New to Epilepsy (Polish) <http://www.epilepsy.org.uk/download/file/117>

New to Epilepsy (Punjabi) <http://www.epilepsy.org.uk/download/file/118>

New to Epilepsy (Somali) <http://www.epilepsy.org.uk/download/file/119>

New to Epilepsy (Turkish) <http://www.epilepsy.org.uk/download/file/120>

New to Epilepsy (Urdu) <http://www.epilepsy.org.uk/download/file/121>

New to epilepsy (Hindi) <http://www.epilepsy.org.uk/download/file/637>

Non-epileptic attack disorder <http://www.epilepsy.org.uk/download/file/605>

Ohtahara syndrome (early infantile epileptic encephalopathy with suppression bursts)  
<http://www.epilepsy.org.uk/download/file/606>

Panayiotopoulos syndrome <http://www.epilepsy.org.uk/download/file/606>

Photosensitive epilepsy <http://www.epilepsy.org.uk/download/file/606>

Pyridoxine dependency <http://www.epilepsy.org.uk/download/file/245>

Ramsay Hunt syndrome <http://www.epilepsy.org.uk/download/file/608>

Rasmussen syndrome <http://www.epilepsy.org.uk/download/file/609>

Rett syndrome <http://www.epilepsy.org.uk/download/file/610>

Ring Chromosome 20 (R20) <http://www.epilepsy.org.uk/download/file/611>

Safety advice for people with epilepsy  
<http://www.epilepsy.org.uk/download/file/625>

Schools policy <http://www.epilepsy.org.uk/download/file/336>

Severe myoclonic epilepsy in infancy (SMEI) also known as Dravet syndrome  
<http://www.epilepsy.org.uk/download/file/612>

Sturge-Weber syndrome (SWS) <http://www.epilepsy.org.uk/download/file/613>

Sudden Unexpected Death in Epilepsy (SUDEP)  
<http://www.epilepsy.org.uk/download/file/614>

Support available for young people with epilepsy taking exams at school or college  
<http://www.epilepsy.org.uk/download/file/615>

Talking to your doctor about epilepsy  
<http://www.epilepsy.org.uk/download/file/616>

The Disability Discrimination Act and insurance  
<http://www.epilepsy.org.uk/download/file/616>

The Epilepsies: You, Epilepsy and the NICE Guideline  
<http://www.epilepsy.org.uk/download/file/616>

The use of evening primrose oil and starflower oil by people with epilepsy  
<http://www.epilepsy.org.uk/download/file/676>

The use of vagus nerve stimulation in epilepsy  
<http://www.epilepsy.org.uk/download/file/620>

Travel passes for people with epilepsy in Wales  
<http://www.epilepsy.org.uk/download/file/620>

UPFRONT - epilepsy information for young people  
<http://www.epilepsy.org.uk/download/file/630>

West syndrome <http://www.epilepsy.org.uk/download/file/630>

Women and epilepsy <http://www.epilepsy.org.uk/download/file/151>